



COLORADO

Department of Health Care
Policy & Financing

HB09-1293 Oversight and Advisory Board Hospital Provider Fee Meeting Minutes

303 East 17th Avenue, Conference Room 11 AB
June 28, 2016

1. Call to Order

David Livingston called the meeting to order at 3:09 p.m.

2. Roll Call

There were sufficient members for a quorum.

A. Members Present

David Livingston, Bill Heller, Jeremiah Bartley

B. Members on the Phone

Chris Underwood, Mirna Castro, George O'Brien, Peg Burnette, Kathryn Ashenfelter

C. Members Excused

Ann King, Tom Rennell, Dan Rieber, Dan Enderson

D. Staff Present

Matt Haynes, Cynthia Miley, Jeff Wittreich, Yoon Hwang, Rebecca Parrott, Dan Pace

3. Approval of Minutes

Bill Heller motioned that the minutes of the April 26, 2016 meeting be accepted as submitted, **Jeremiah Bartley** seconded. Motion passed.

4. Delivery System Reform Incentive Payments (DSRIP) Initiative

- Under current program we have provider fees that are collected and the fees are used to bring down the federal match and as supplemental payments
- Under this new proposal the supplemental payments will be used in a different manner
- Most DSRIP projects are based around infrastructure development, system transformation, urgent/clinical improvement, and population focused improvement
- 5 year demonstration waiver so we will be pursuing a Section 1115 waiver
- DSRIP programs have initial planning phases and metric goals to reach



- Most demonstrations are made up of various different pools such as a high performance pool and time limited planning pools
- This program will be designed to exclude the Disproportionate Share Hospital (DSH) payment
- Not all programs include rural hospitals but we would like to include them, under our supplemental payment program they already are involved
- We are not asking for new funds
- Metrics and outcomes should be metric based but also attainable
- For a smooth transition we want to establish programs that are consistent with hospitals' missions and community needs
- There are places where the hospitals can be playing a role to help achieve the goals of those major initiatives
- Want to focus on area where hospitals can offer solutions and generate outcomes
- Make sure we are measuring things that hospitals can be in control of
- Major focus areas where hospitals can play a critical role
 - Care coordination and transition management
 - Integration of physical and behavioral health
 - Chronic condition management and targeted population health
- Hospitals are going to be required to demonstrate an understanding of their community health needs and community resources as a tool for identifying populations and selecting projects
- Will be working with the stakeholders to see what satisfies the needs and requirements of this program
- Domains for this project
 - Building infrastructure
 - Care transformation and delivery system integration
 - Data driven accountability and outcome measurement
- There will need to be a planning and evaluation phase
- Data sharing collection and analysis will be a big focus of the program
- We are considering a high performance pool for those providers performing at a higher level or some other mechanism to make sure all of the funds flow to the program
- Program requirements for rural/Critical Access Hospitals (CAH)/small hospitals
- The hospital provider fee will be the state share of this program
- The budget neutrality means that we will be spending the same under the upper payment limit that we would be in the absence of a waiver.
- The federal match will remain the same
- Right now the inpatient and outpatient supplemental payments are included in the DSH limit calculations. With this program, the payments will no longer go impact that calculation as they will no longer be payments for inpatient or outpatient services.
- The oversight and advisory board will continue to play a role in this process



- Timeline for this project
 - Waiver development period 3-6 months with a targeted waiver application of September 2016
 - Centers for Medicare and Medicaid Services (CMS) waiver approval process 3-12 months, around the country it's been closer to 12 months
 - DSRIP development and implementation 12-18 months
- Will have internal and external workgroups to determine the scope of the project
- Hospital applications, hospitals choose what programs they want to participate in
- Project application phase begins in year 0
- Project implementation period begins demonstration year 1
- Would like payments to flow out very consistently as they do now
- Try to keep financing similar to what it is now
- Will have a robust stakeholder process. Currently have an internal stakeholder workgroup and two external stakeholder workgroups, with one focused on rural, critical access, and small hospitals.
- In addition to those hospital workgroups we are going to pull subject matter experts from all around the state
- Also meeting regularly with Regional Care Collaborative Organization (RCCO) leadership groups
- Plans to set up a client consumer advisory group for input and feedback before recommendations are made to senior executive team
- Trying to keep this program simple in many ways
- By the fifth year we can see if we are moving in the right direction
- Not currently modeling after another state, we are creating a Colorado model
- Hospital Quality Incentive Payments (HQIP) are not going away; they will continue throughout this program

5. Public Comment

- No public comment

6. Action Items

Jeremiah Bartley motioned to approve the proposed meeting dates for FY 2016-17 as submitted. **Bill Heller** seconded. Motion passed.

7. Additional Discussion

- No additional discussion

8. The meeting was adjourned at 4:05 p.m.

The next scheduled meeting is at 3:00 p.m. on Tuesday, August 23, 2016 at 303 E 17th Avenue, Denver, CO in conference room 11 AB.



Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Nancy Dolson at 303-866-3698 or nancy.dolson@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.

